

STATE OF NEW JERSEY — DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITSLOCAL EARLY RETIREMENT INCENTIVE PROGRAM
EMPLOYER'S RESOLUTION TO PARTICIPATE

EMPLOYER NAME: _____

LOCATION NUMBER: _____

BE IT RESOLVED, that the governing body of _____
NAME OF EMPLOYING ENTITY
elects to provide the benefits authorized by _____, P.L. 2003 to its eligible employees.
CHAPTER NUMBER

The Early Retirement Incentive eligibility window effective date will be: _____, 1 _____.
MONTH YEAR

BE IT FURTHER RESOLVED, that we agree to pay the liability for these benefits as required by the law.

WE CURRENTLY ☐ DO ☐ DO NOT (check one) pay for health benefits for retirees.

THE GOVERNING BODY retains the right to approve extensions for employees under this Early Retirement Incentive or delegates the right to approve extensions to: _____.

The _____ is directed to certify and file a copy of this resolution
TITLE OF AUTHORIZING OFFICIAL
with the Director of the Division of Pensions and Benefits within 3 business days of the resolution date.

SIGNATURE_____
TITLE_____
SIGNATURE_____
TITLE

I, _____, _____ certify that
NAME TITLE

this resolution was adopted by the governing body of _____,
NAME OF EMPLOYING AGENCY

in the the County of _____
COUNTY

on the _____ day of _____, _____.
DAY MONTH YEAR

SIGNATURE

Phone: _____
AREA CODE

RETURN THIS RESOLUTION TO: EARLY RETIREMENT INCENTIVE PROGRAM
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON, NEW JERSEY, 08625-0295
FAX: (609) 393-4606